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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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56639 7590 10/05/2007

Eitan Law Group  
c/o Landon IP, Inc.  
1700 Diagonal Road  
Suite 450  
Alexandria, VA 22314

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## Certificate of Mailing or Transmission

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(Depositor's Name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/519,723	07/26/2005	Ilan Ben-Oren	P-9438-US1	5171

TITLE OF INVENTION: MANAGEMENT OF GASTRO-INTESTINAL DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MALLARI, PATRICIA C	3735	600-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed.

1 EMPK &amp; Shiloh, LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(a) NAME OF ASSIGNEE

ORIDION BREATHID LTD

(b) RESIDENCE: (CITY AND STATE OR COUNTRY)

01/07/2008 NGUYEN 00000113 503400 10519723

Jerusalem, ISRAEL

01 FC:1501

1440.00 DA

02 FC:1504

300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fees(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 50-3400 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above):

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

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Authorized Signature: Lawrence A Hoffman

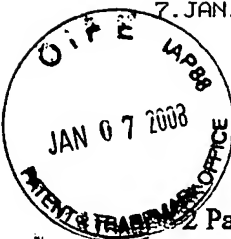
Date: 01/07/2008

Typed or printed name: Lawrence A Hoffman

Registration Number: 22436

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-2885) on 7 January, 2008

*Dahlia Goodman*  
Dahlia Goodman

APPLICANT(S): Ben-Oren, Ilan

EXAMINER:

MALLARI,  
PATRICIA C

Serial No.: 10/519,723

GROUP ART UNIT: 3735

Filing Date: July 26, 2005

ATTORNEY DOCKET No.: P-9438-US1

FOR: MANAGEMENT OF GASTRO-INTESTINAL DISORDERS

Mail Stop Issue Fee  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed please find a completed Issue Fee Transmittal form PTOL-85 Part B for filing in the above-referenced patent application. Please note that the correspondence address indicated therein is not the correct current correspondence address. The correct correspondence address is:

EMPK & Shiloh, LLP  
116 John St, Suite 1201  
New York, NY 10038  
General Phone: (212) 608-4141  
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